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CONTINUATION THERAPY IN ACUTE LYMPHOBLASTIC LEUKEMIA: EVALUATION OF DIFFERENT REGIMENS. Sackmann Muriel F., Pavlosky S., Bustelo P., Svarch E., Maro V., Garay G., Vergara B., Eppinger Helft M., Kvicala R., Dibar F. Grupo Argentino de Tratamiento de la Leucemia Aguda (GATLA). BsAs. Argentina.

This investigation has the following scheme: Induction: vincristine (VCR)+daunorubicin+prednisone (PRED); CNS prevention: intrathecal methotrexate (MTX)+dexamethasone x 6 early doses followed by one trimesterly; and Continuation: 6-mercaptopurine daily and MTX twice weekly with reinforcement of pulse doses of VCR 1.5 mg/m² x 1 + PRED 40 mg/m²/day x 7 (arm A) or VCR+PRED alternating with arab. cit. (Ara.C) 50 mg/m²/sc q. 12 h x 10 + cyclophosphamide (CTX) 600 mg/m² x 1 (arm B). Pulses are performed in both arms at 1,2,3,4,6 mo. and trimesterly thereafter. In addition, half of the cases received levamisole (LEV) 120mg/m²/oral/daily and the other half, none.

From Jan. 1976 to Dec. 1978, 378 patients entered this study. 282/322 (88%) children and 44/56 (78%) adults achieved complete remission (CR) (P<0.05). The % of CR at 30 mo. are, arm A >20,000 leukocytes 46%, >20,000 37% and arm B >20,000 78%, >20,000 33% (P<0.01 between and >20,000 leukocytes in both arms and P<0.05 between arms A and B in patients with >20,000 leukocytes). In addition, 59% of the LEV-treated patients and 50% of the control group are still in the first CR at 30 mo. (P<0.05).

We conclude that: 1) usefulness of alternating reinforcement pulses of VCR+PRED with Ara.C-CTX in relation to VCR+PRED alone, and 2) immunotherapy with LEV is effective in prolonging CR.

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GRAM NEGATIVE SEPSIS OF INFANCY. MECHANISMS OF ACTIVATION OF THE COMPLEMENT SYSTEM. Zelazko M.E. Laboratorio Central. Htal. de Niños. Buenos Aires. Argentina.

Bacterial lipopolysaccharides (LPS) from gram negative organisms are activators of the alternative and classical pathway of complement (C). This study was undertaken to evaluate if there is a relation between the activation initiated by LPS in vitro and the activation of C in patients with gram negative sepsis. Nine patients with bacteremia, endotoxemia (Limulus) and/or hypocomplementemia (CH50) were studied. Levels of C1q, C4, C3, C5, C3PA and properdin were measured. LPS from cultures were extracted by the procedure of Westphal. Lipid A (LA) and polysaccharide-rich fractions (PS) were obtained by acid hydrolysis. We examined the capacity of LPS, LA and PS to reduce hemolytic activity of NHS. In reaction mixtures with the activators we performed measurements of C1q, C4, antigen B of C3, C5, C3PA and properdin; hemolytic C4, mobility of C3, C3PA and properdin. Hypocomplementemia was present in 6 patients, the C profile suggests activation of both pathways in 5 and alternative in 1. Seven LPS reduced hemolytic capacity of NHS and breakdown C3. Different types of activators could be distinguished by C4 determinations and mobility of C3PA. Three LPS activate both pathways, 2 alternative and 1 classical. LA initiate classical pathway and PS alternative. No correlation was found between the activation mechanism in vitro and the patients profile. Hypocomplementemia was observed particularly in severely compromised patients.

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REVERSION OF SUPRAVENTRICULAR PAROXYSMATIC TAQUICARDIA (S.P.T.). Sasbon J.S., Mendilaharsu J.L., Rodriguez Coronel A. Intensive Care Unit, Children Hospital of Buenos Aires. Argentina.

On the basis of 3268 admissions, it was possible to treat 50 patients with S.P.T. (age between 10d. and 14y.) 31 patients were associated with pathological findings, the others were defined as idiopathic. The diagnosis of S.P.T. was the typical ECG with heart rate between 180 and 300 and associated with clinical symptoms. It was possible to revert to a sinus rhythm in 32 patients with intravenous Lanatoside C alone. In 9 patients it was necessary to add other drugs besides the digitalis: Verapamil, Quinidine, Propranolol, Amiodarone. Finally in other 9 patients, digitalis was not used, in the beginning because there was no indication and it was possible to revert the arrhythmia with others drugs or cardioversion. From the analysis of the results it was possible to draw the following conclusion: 1) Idiopathic S.P.T. was more frequent in children under one year, secondary S.P.T. was more frequent above one year; 2) Lanatoside C alone was effective in 64% of the cases, and it was necessary smaller doses of the drug than is habitually indicated for different ages (<1 y: X: 0,06mg/Kg; D.S.O, 014 and >1 y: X: 0,028mg/Kg D.S.O, 018, p<0,001). For the different groups of ages there was a negative correlation with the doses of drug given (0,72; D.S.O, 01; p<0,001); 3) In a few cases other drugs than digitalis were necessary at the beginning of treatment.

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HEALTH AND STRATIFICATION IN LOW SOCIOECONOMICAL GROUPS. Alvarez, M.L., Wurgaft, F.; Salazar, M.E. INSTITUTO DE NUTRICION Y TECNOLOGIA DE LOS ALIMENTOS UNIVERSIDAD DE CHILE, CASILLA 15138 SANTIAGO 11, CHILE.

The low socioeconomic level is stratified with the purpose of detecting the most vulnerable sectors in the population. The Graffar classification was used in a modified manner which contemplated the variables: education, activity and housing (sub-index); and a finer measurement which added: family group, fatherless, home and the variables on housing considered individually. The sample was constituted by 85 families: 42 with deep malnourished infant (experimental group) entered into a CONIN Recuperation Center, and 43 with healthy infant (control group). The Graffar classification was found to be non-discriminating concerning this low socio-economic level but the specific measuring rendered as a result group significantly different. The health and socio-cultural variables which underwent study are correlated to the specific socio-economic level: pregnancy control, duration of the mother's lactation period, knowledge on the child's development, and use of popular medicine. The experimental group showed significantly high differences in the same variables. These results indicate that, in order to detect the most vulnerable sectors of the population, specific and finer measurements must be put into practice, and assistential programs could be designed for those groups.

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THE SCHOOL LEADER: SOME CONDITIONING FACTORS. Guzman, M.T., Cousiño L. Instituto de Nutrición y Tecnología de los Alimentos, U.de Chile & C.S. George. Santiago. Chile

A study was made of the capacity for social relationship with his classmates in a stratified, random sample of coeducational, common, and complete public school in Santiago (15 classes, 562 students). This study was based on the sociometric technique "Guess who is the child that..." (Johnston) whereby 4 groups were obtained leaders, approved, refused and unrecognized. This paper has been centralized on the study of the child regarded as a leader by his classmates, as this is an influential condition in the normal development or obstruction of class activities. The results show that 6,1% of the total of the children were considered leaders and 35,8% with a certain amount of such possibilities. No significant relation was noted between leadership and kindergarten attendance age or number of brothers. Marked relationship exists between leadership, scholastic achievement and verbal I.Q. The cultural standard of the home, measured in school years attendance showed a high significance of p<.001 for the mother and a p<.01 for the father. It seems that the change of teachers during the school period contributes to the formation of class leaders (p<.01). Summarizing: children with favorable cultural conditions in the home, good intellectual capacity and good scholastic efficiency are generally considered leaders among their classmates. This signifies that students are regarded as leaders when they show predominant positive characteristics in the class.

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NOCNAN SYNDROME, DIFFERENTIAL DIAGNOSIS WITH TURNER SYNDROME. Corchón de Ctero, Beatriz. de Majo, Salvador F. Reichmann Amelia. Htal. Gral. de Pediatría "Dr. Pedro de Elizalde". Buenos Aires. Argentina.

The phenotypic characteristics of Noonan and Turner syndromes was confronted in order to point out the signs which are common to both of them and the proper somatic features to each one. Two new signs are described in Noonan syndrome: the eyebrows alopecia of the hind portions and keratosis rubra pilaris. Proper physical findings in Noonan syndrome (28 cases): Characteristic similar facies 100%. Antimongoloid slanting of palpebral fissures 100%. Depressed bridge of the nose 93%. Eyebrows alopecia of the hind portions 89%. Prominent lips 80%. Hypertelorism 76%. Pectus excavatum 63%. Curly hair 61%. Keratosis rubra pilaris 43%. Common features in Noonan and Turner syndromes: short stature, epicanthic folds, ptosis, low set or malformed ears, webbed neck, low posterior hairline, highly arched palate, cubitus valgus. Proper findings in Turner syndrome (30 cases): Multiple nevus: 83%. Dysplastic fingernails 59%. Short fourth metacarpal 39%. Direct familial transmission was observed in two cases of Noonan syndrome in the presented cases.